



Please type or print in ink.

10 MAR -1 PM 4:14 Public Document **EB**

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Conway	Connie	M	[REDACTED]	
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE	ZIP CODE
[REDACTED]			OPTIONAL: E-MAIL ADDRESS	

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

CA State Assembly

Division, Board, District, if applicable:

Your Position:

Assemblywoman

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: CA Commission on Disability Access

Position: Commissioner

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☐ Assuming Office/Initial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2009.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages including this cover page: 3

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes - schedule attached  
*Investments (10% or Greater Ownership)*

Schedule B ☐ Yes - schedule attached  
*Real Property*

Schedule C ☐ Yes - schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)*

Schedule D ☒ Yes - schedule attached  
*Income - Gifts*

Schedule E ☐ Yes - schedule attached  
*Income - Gifts - Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

Signature

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Connie Conway
--

► NAME OF SOURCE

Pechanga Band of Mission Luiseno Mission Indians

ADDRESS (Business Address Acceptable)

P.O. Box 1477, Temecula, CA 92593

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribal Nation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 10 / 09	\$ 201.66	Golf
/  /	\$	
/  /	\$	

► NAME OF SOURCE

CA Grape and Tree Fruit League

ADDRESS (Business Address Acceptable)

978 W. Alluvial, Suite 107, Fresno CA 93711-5700

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 17 / 09	\$ 69.37	Meal
/  /	\$	
/  /	\$	

► NAME OF SOURCE

CA Poultry Federation

ADDRESS (Business Address Acceptable)

4640 Spyres Way, Ste 4, Modesto, CA 95356

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 3 / 09	\$ 192.14	Meal and transportatio
/  /	\$	
/  /	\$	

► NAME OF SOURCE

MedImmune, Inc.

ADDRESS (Business Address Acceptable)

1 MedImmune Way, Gaithersburg, Maryland 20878

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Pharmaceutical Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 17 / 09	\$ 58.72	Meal
/  /	\$	
/  /	\$	

► NAME OF SOURCE

AT&T

ADDRESS (Business Address Acceptable)

400 Capitol Mall, Suite 1700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Communications Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 11 / 09	\$ 165.00	Golf
/  /	\$	
/  /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/  /	\$	
/  /	\$	
/  /	\$	

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Connie Conway</u>

<p>► NAME OF SOURCE</p> <p>Various natural resource and environmental entities</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p>Natural resource and environmental issues</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>01, 28, 09</td> <td>\$ 86.54*</td> <td>Reception</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	01, 28, 09	\$ 86.54*	Reception	/ /	\$		/ /	\$		<p>► NAME OF SOURCE</p> <p>ADDRESS (Business Address Acceptable)</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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Comments: 13 entities sponsored this event, each reporting a gift of \$6.65 per attendee.